



Administrative Office of the Courts Certification and Licensing

Check Cover Sheet Board of Court Reporting

Date: ____/____/____

Court Reporter or Firm Name: _____

Contact Person (Firm only): _____

Certificate No: _____ Firm Identification No: _____

Phone Number: _____ Alternate Number: _____

Email Address: _____

Check Number: _____ Name on Check: _____

Mail check and cover sheet to:
Administrative Office of the Courts
c/o Board of Court Reporting
244 Washington Street SW, Suite 300
Atlanta, GA 30334